	Effective October 1, 2003								01/938236					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN						
1	TOTAL CLAIMS				ĺ		ŀ	RATE	FEE	٦.	RATE	FEE		
F	OR	NUMBER FILED .		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEI	770.00			
T	OTAL CHARGE	ABLE CLAIMS	minus 20=		•			X\$ 9=		OR				
١N	DEPENDENT (CLAIMS	minus 3 =		•			X43=	 	OR				
M	ULTIPLE DEPE	NDENT CLÁIM F					+145×	 -	7					
• (* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	+290=			
	CLAIMS AS AMENDED - PART II								L	704		THAN		
		(Column 1) (Column 2) (Column 3							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENTA	1/12/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
\ <u>\tilde{8}</u>	Total	. 26	Minus	* 2	Ô.	= 6.		X\$ 9=		OR	X\$18=	108		
AME	Independent	3	Minus	***	3	=		X43=		OR	X86=	·		
:	THIST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=			
				-			L	TOTAL			TOTAL	108		
		(Column 1)		(Colum	n 21	(Column 3)	A	DOIT. FEE		10	ADDIT. FEE	700		
7		CLAIMS	T	HIGHE	ST		Г		ADDI-	1 F		ADDI-		
		REMAINING AFTER AMENDMENT	·	PREVIO	USLY	PRESENT EXTRA		RATE .	TIONAL		RATE	TIONAL		
MERCACACO D	Total .	*	Minus	PAID F			-	X\$ 9=	FEE		X\$18=	FEE		
	Independent	•	Minus	***			-	X43=		OR				
۲	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		-	X43=		OR	X86=			
							L	+145=		OR	+290=			
							AC	TOTAL OIT. FEE		OR ,	TOTAL DOIT, FEE			
		(Column 1)		(Colum		(Column 3)								
AMENDMEN C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	er Jsly	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		e .		X\$ 9=		OR	X\$18=			
	Independ nt		Minus	***		2	上	X43=		<u> </u>	X86=	i		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (CLAIM		-	ATO=		OR	₩			
	the soins in mater	no e la loca # *	a antesta est				L	1.45=	•	OR	+290=			
~ #	the "Highest Nur	no 1 is less than the ober Previously Pai	id For IN THIS	SPACE IN I	less than	20. enter "20."	AD	TOTAL DIT. FEE	·	OR A	TOTAL DDIT. FEE			
1	i une "riighest Nui he "Highest Num	mber Previously Pa ber Previously Paid	id For IN THIS I For (Total or	S SPACE Is I Independen	less than () is the i	i 3, enter "3." highest number			opriate box					
				•							٠			
M	PTO-475 (Rev. 10	/031					Patient:	and Tradenty	th Office, U:	3. DEPA	RTMENT OF	COMMERCE		

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number